



2003

Behavioral Risk Factor Surveillance System

State Questionnaire

Rhode Island

December 2002

V 1.5 (December 10, 2002)

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Adult and Community Health

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Interviewer's Script

Interviewer's Script from Field Test

HELLO, I'm calling for the **Rhode Island Department of Health** and the Centers for Disease Control and Prevention. My name is (name) . We're gathering information on the health of **Rhode Island** residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

Is this (phone number) ? If "no" Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time. **Stop**

Is this a private residence? If "no" Thank you very much, but we are only interviewing private residences. **Stop**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. Enter 1 man or 1 women below (Ask gender if necessary). Go to page 7

If "no" Is the adult a man or a woman? Enter 1 man or 1 women below. May I speak with [fill in (him/her) from previous question]? Go to "correct respondent" at bottom of page

How many of these adults are men and how many are women?

___ Number of men

___ Number of women

The person in your household that I need to speak with is _____.

If "**you**", go to page 7

To the correct respondent HELLO, I'm (name) calling for the **Rhode Island Department of Health** and the Centers for Disease Control and Prevention. We're gathering information on the health of **Rhode Island** residents. You have been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices.

I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes a short time and any information you provide will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

Core Sections

Section 1:

Health Status

(This call maybe monitored for quality assurance purposes)

1.1 Would you say that in general your health is:

(73)

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

- 7 Don't know / Not sure
- 9 Refused

1.2 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

(74-75)

___ ___ Number of days

- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

1.3 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

(76-77)

___ ___ Number of days

- 8 8 None **If Q1.2 also "None," go to RI1_1**
- 7 7 Don't know / Not sure
- 9 9 Refused

- 1.4** During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

(78-79)

— — Number of days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

State Added 1:

Support/Satisfaction

The next two questions are about your support needs and life satisfaction.

- RI1_1.** How often do you get the social and emotional support you need?
Would you say:

(345)

Please Read:

1 Always
2 Usually
3 Sometimes
4 Rarely
8 Never

Do not read these responses:

7 Don't know / Not sure
9 Refused

- RI1_2.** In general, how satisfied are you with your life?
Would you say:

(346)

Please Read:

1 Very satisfied
2 Satisfied
3 Dissatisfied
4 Very dissatisfied

Do not read these responses:

7 Don't know / Not sure
9 Refused

Section 2:

Health Care Access

- 2.1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

(80)

1 Yes
2 No
7 Don't know / Not sure

9 Refused

2.2 Do you have one person you think of as your personal doctor or health care provider?
(If "No," ask: *"Is there more than one or is there no person who you think of?"*)

(81)

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

2.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?

(82)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 3:

Exercise

3.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

(83)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 4:

Diabetes

- 4.1 Have you ever been told by a doctor that you have diabetes?

(If "Yes" and respondent is female, ask: *"Was this only when you were pregnant?"*)

(84)

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

Module 1:

Diabetes

To be asked following core Q4.1 if response is "Yes"

1. How old were you when you were told you have diabetes?

(205-206)

- ___ ___ Code age in years **[97 = 97 and older]**
9 8 Don't know/ Not sure
9 9 Refused

2. Are you now taking insulin?

(207)

- 1 Yes
- 2 No
- 9 Refused

3. Are you now taking diabetes pills?

(208)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

(209-211)

- 1 ___ ___ Times per day
- 2 ___ ___ Times per week
- 3 ___ ___ Times per month
- 4 ___ ___ Times per year

8	8	8	Never
7	7	7	Don't know / Not sure
9	9	9	Refused

5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

(212-214)

1	___	___	Times per day
2	___	___	Times per week
3	___	___	Times per month
4	___	___	Times per year
8	8	8	Never
5	5	5	No feet
7	7	7	Don't know / Not sure
9	9	9	Refused

6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

(215)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(216-217)

___	___	Number of times [76 = 76 or more]
8	8	None
7	7	Don't know / Not sure
9	9	Refused

8. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"?

(218-219)

___	___	Number of times [76 = 76 or more]
8	8	None
9	8	Never heard of hemoglobin "A one C" test
7	7	Don't know / Not sure
9	9	Refused

If "no feet" to Q5, go to Q10

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

(220-221)

___	___	Number of times [76 = 76 or more]
8	8	None
7	7	Don't know / Not sure
9	9	Refused

10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (222)

Read only if necessary:

- | | |
|---|--|
| 1 | Within the past month (anytime less than 1 month ago) |
| 2 | Within the past year (1 month but less than 12 months ago) |
| 3 | Within the past 2 years (1 year but less than 2 years ago) |
| 4 | 2 or more years ago |
| 8 | Never |
| 7 | Don't know / Not sure |
| 9 | Refused |
11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (223)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |
12. Have you ever taken a course or class in how to manage your diabetes yourself? (224)
- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

State Added 2:

Diabetes

If Q4.1= 2,3,7 or 9 go to RI2_2

RI2_1. In the past 12 months, have you attended at least one diabetes education group session or a one-on-one counseling session with a diabetes educator, nurse, dietician, or pharmacist?

(347)

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Insert after RI1_2; Ask of ALL respondents, regardless of diabetes status.

RI2_2. Have any of your immediate blood relatives your mother, father, brothers or sisters, had diabetes? (348)

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

- 7 Don't know / Not sure
- 9 Refused

Section 5:

Hypertension Awareness

- 5.1 Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

(If "Yes" and respondent is female, ask: *"Was this only when you were pregnant?"*)

(85)

- 1 Yes
- 2 Yes, but female told only during pregnancy **[Go to next section]**
- 3 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

- 5.2 Are you currently taking medicine for your high blood pressure?

(86)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 6:

Cholesterol Awareness

- 6.1 Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

(87)

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

- 6.2 About how long has it been since you last had your blood cholesterol checked? (88)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

- 6.3 Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (89)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 7:

Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods **you** eat. Include all foods **you** eat, both at home and away from home.

- 7.1 How often do you drink fruit juices such as orange, grapefruit, or tomato? (90-92)

- 1__ __ Per day
- 2__ __ Per week
- 3__ __ Per month
- 4__ __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

- 7.2 Not counting juice, how often do you eat fruit? (93-95)

- 1__ __ Per day
- 2__ __ Per week
- 3__ __ Per month
- 4__ __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

- 7.3** How often do you eat green salad? (96-98)
- 1__ __ Per day
 2__ __ Per week
 3__ __ Per month
 4__ __ Per year
 5 5 5 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused
- 7.4** How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (99-101)
- 1__ __ Per day
 2__ __ Per week
 3__ __ Per month
 4__ __ Per year
 5 5 5 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused
- 7.5** How often do you eat carrots? (102-104)
- 1__ __ Per day
 2__ __ Per week
 3__ __ Per month
 4__ __ Per year
 5 5 5 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused
- 7.6** Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.) (105-107)
- 1__ __ Per day
 2__ __ Per week
 3__ __ Per month
 4__ __ Per year
 5 5 5 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused

Section 8:

Weight Control

- 8.1** Are you now trying to lose weight? (108)
- 1 Yes **[Go to Q8.3]**
 2 No
 7 Don't know / Not sure
 9 Refused

8.2 Are you now trying to maintain your current weight that is to keep from gaining weight? (109)

- 1 Yes
- 2 No **[Go to Q8.5]**
- 7 Don't know / Not sure **[Go to Q8.5]**
- 9 Refused **[Go to Q8.5]**

8.3 Are you eating either fewer calories or less fat to... (110)

lose weight? **[if "Yes" to Q8.1]**

keep from gaining weight? **[If "Yes", to Q8.2]**

Probe for which:

- 1 Yes, fewer calories
- 2 Yes, less fat
- 3 Yes, fewer calories and less fat
- 4 No
- 7 Don't know / Not sure
- 9 Refused

8.4 Are you using physical activity or exercise to (111)

lose weight? **[If "Yes" to Q8.1]**

keep from gaining weight? **[If "Yes" to Q8.2]**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.5 In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?

Probe for which:

- 1 Yes, lose weight
- 2 Yes, gain weight
- 3 Yes, maintain current weight
- 4 No
- 7 Don't know / Not sure
- 9 Refused

(112)

Section 9:

Asthma

- 9.1** Have you ever been told by a doctor, nurse or other health professional that you had asthma? (113)
- 1 Yes
 - 2 No **[Go to next section]**
 - 7 Don't know / Not sure **[Go to next section]**
 - 9 Refused **[Go to next section]**
- 9.2** Do you still have asthma? (114)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 10:

Immunization

- 10.1** During the past 12 months, have you had a flu shot? (115)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 10.2** Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (116)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

State Added 3:

Immunization

FOR ALL RESPONDENTS

- RI3_1.** Have you ever received the Hepatitis B vaccine? This is given in three separate doses and has been available since 1991. (349)

- 1 Yes, received all three doses
- 2 Yes, but received less than three doses
- 3 No, never received
- 7 Don't know / Not sure
- 9 Refused

Section 11:

Tobacco Use

- 11.1** Have you smoked at least 100 cigarettes in your entire life? (117)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

- 11.2** Do you now smoke cigarettes every day, some days, or not at all? (118)

- 1 Everyday
- 2 Some days
- 3 Not at all **[Go to next section]**
- 9 Refused **[Go to next section]**

- 11.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (119)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 12:

Alcohol Consumption

- 12.1** A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (120-122)

- 1__ __ Days per week
- 2__ __ Days in past 30
- 8 8 8 No drinks in past 30 days **[Go to next section]**
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused **[Go to next section]**

- 12.2** On the days when you drank, about how many drinks did you drink on the average?

(123-124)

___ ___ Number of drinks
7 7 Don't know / Not sure
9 9 Refused

12.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

(125-126)

___ ___ Number of times
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Section 13:

Excess Sun Exposure

The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours.

13.1 Have you had a sunburn within the past 12 months? (127)

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not Sure **[Go to next section]**
- 9 Refused **[Go to next section]**

13.2 Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months? (128)

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six or more
- 7 Don't know / Not sure
- 9 Refused

Section 14:

Demographics

14.1 What is your age? (129-130)

__ __ Code age in years

- 0 7 Don't know / Not sure
- 0 9 Refused

14.2 Are you Hispanic or Latino? (131)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

14.3 Which one or more of the following would you say is your race? (132-137)
(Check all that apply)

Please read:

- 1 White

- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

Or

- 6 Other [specify]_____

Do not read:

- 8 No Additional choices
- 7 Don't know / Not sure
- 9 Refused

If more than one response to Q14.3, continue. Otherwise, go to Q14.5

14.4 Which one of these groups would you say best represents your race? (138)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify]_____
- 7 Don't know / Not sure
- 9 Refused

14.5 Are you? (139)

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

14.6 How many children less than 18 years of age live in your household? (140-141)

- ___ Number of children
- 8 8 None
- 9 9 Refused

State Added 4:

Demographics

{Insert RI4_1 a-c after 14.6}

{Program Consistency Check with Number of Children In 14.6}

{If Q14.6 = 88 or 99 go to Q14.7}

How many children live in your household who are...

RI4_1a. less than 5 years old? (350)

___ Enter number

7 = 7 or more

8 = None

9 = Refused

RI4_1b. 5 through 12 years old? (351)

___ Enter number

7 = 7 or more

8 = None

9 = Refused

RI4_1c. 13 through 17 years old? (352)

____ Enter number

7 = 7 or more

8 = None

9 = Refused

14.7 What is the highest grade or year of school you completed?

(142)

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- 9 Refused

14.8 Are you currently?

(143)

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

Or

- 8 Unable to work

Do not read:

- 9 Refused

14.9 Is your annual household income from all sources?

(144-145)

If respondent refuses at ANY income level, code '99 Refused'

Read as appropriate:

- 04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If "no," code 02**

- 05 Less than \$35,000 **If “no,” ask 06**
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If “no,” ask 07**
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If “no,” code 08**
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

Do not read:

- 77 Don't know / Not sure
99 Refused

14.10 About how much do you weigh without shoes?

(146-148)

Round fractions up

__ __ __ Weight
pounds
7 7 7 Don't know / Not sure
9 9 9 Refused

14.11 How much would you like to weigh?

(149-151)

__ __ __ Weight
pounds
7 7 7 Don't know / Not sure
9 9 9 Refused

14.12 About how tall are you without shoes?

(152-154)

Round fractions down

__ / __ __ Height
ft / inches
7 7 7 Don't know / Not sure
9 9 9 Refused

State Added 4: Demographics

{Insert after core 14.12}

RI4_ 2. What city or town do you live in?

(353-355)

__ __ __ Enter Town code **{Autocode to county}**
7 7 7 Don't know / Not sure
9 9 9 Refused

~~14.13~~ What county do you live in? **{Auto-Code to county from RI4_2}**
[Interviewer: You do not ask this question in CATI]

(155-157)

~~_____~~ FIPS county code
~~7 7 7~~ Don't know / Not sure
~~9 9 9~~ Refused

14.14 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (158)

- 1 Yes
- 2 No **[Go to Q14.15]**
- 7 Don't know / Not sure **[Go to Q14.15]**
- 9 Refused **[Go to Q14.15]**

14.15 How many of these phone numbers are residential numbers? (159)

- ~~_____~~ Residential telephone numbers **[6=6 or more]**
- 7 Don't know / Not sure
- 9 Refused

14.16 During the past 12 months, has your household been without telephone service for 1 week or more?

Note: Do not include interruptions of phone service due to weather or natural disasters. (160)

- 1 Yes
- 2 No
- 7 Don't know/ Not sure
- 9 Refused

14.17 Indicate sex of respondent. Ask only if necessary. (161)

- 1 Male **[Go to next section]**
- 2 Female

If respondent 45 years old or older, go to next section.

14.18 To your knowledge, are you now pregnant? (162)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 15:

Arthritis

"The next questions refer to your joints. Please do **NOT** include the back or neck."

15.1 DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint? (163)

- 1 Yes
- 2 No **[Go to Q15.4]**
- 7 Don't Know / Not Sure **[Go to Q15.4]**
- 9 Refused **[Go to Q15.4]**

15.2 Did your joint symptoms **FIRST** begin more than 3 months ago? (164)

- 1 Yes
- 2 No **[Go to Q15.4]**
- 7 Don't Know / Not Sure **[Go to Q15.4]**
- 9 Refused **[Go to Q15.4]**

15.3 Have you **EVER** seen a doctor or other health professional for these joint symptoms? (165)

- 1 Yes
- 2 No
- 7 Don't Know / Not Sure
- 9 Refused

15.4 Have you **EVER** been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (166)

Interviewer note: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

- 1 Yes
- 2 No
- 7 Don't Know / Not Sure
- 9 Refused

IF EITHER Q15.2= 1 OR Q15.4 = 1 THEN CONTINUE. OTHERWISE, GO TO NEXT SECTION

15.5 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (167)

- 1 Yes
- 2 No
- 7 Don't Know / Not Sure

NOTE: If a respondent question arises about medication, then the interviewer should reply:

"Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

*** IF AGE IS BETWEEN 18-64 CONTINUE, OTHERWISE GO TO NEXT SECTION**

- 15.6** "In this next question we are referring to work for pay." Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (168)

NOTE: If respondent says he\she is retired or out-of-work, reply: *"Did arthritis or joint symptoms cause you to stop working? That is, did it affect whether you work or not?"*

- 1 Yes
- 2 No
- 7 Don't Know / Not Sure
- 9 Refused

Section 16:

Falls

To be asked only of people 45 years or older.

"The next question asks about a recent fall. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level."

- 16.1** In the past 3 months, have you had a fall? (169)

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

- 16.2** Were you injured? By injured, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor. (170)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 17:

Disability

The following questions are about health problems or impairments you may have.

17.1 Are you limited in any way in any activities because of physical, mental, or emotional problems?

(171)

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

17.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

(172)

Include occasional use or use in certain circumstances

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

{Insert after Core 17.2 – Disabilities}

RI5_1. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating?

(356)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 18:

Physical Activity

{If "employed" or "self-employed" to core Q14.8 continue, otherwise go to Q18.2.}

18.1 When you are at work, which of the following best describes what you do? Would you say?

(173)

If respondent has multiple jobs, include all jobs

Please read:

- 1 Mostly sitting or standing
 - 2 Mostly walking
 - 3 Mostly heavy labor or physically demanding work
- or

Do not read:

- 7 Don't know / Not sure
- 9 Refused

We are interested in two types of physical activity – vigorous and moderate. Vigorous

activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

- 18.2** Now, thinking about the moderate activities you do **[fill in (when you are not working,) if “employed” or self-employed]** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

(174)

- 1 Yes
- 2 No **[Go to Q18.5]**
- 7 Don't know / Not sure **[Go to Q18.5]**
- 9 Refused **[Go to Q18.5]**

- 18.3** How many days per week do you do these moderate activities for at least 10 minutes?

(175-176)

___ ___ Days per week

- 7 7 Don't know / Not sure **[Go to Q18.5]**
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time **[Go to Q18.5]**
- 9 9 Refused **[Go to Q18.5]**

- 18.4** On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(177-179)

__:__ Hours and minutes per day

- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

- 18.5** Now, thinking about the vigorous activities you do **[fill in (when you are not working) if “employed” or “self-employed”]** in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

(180)

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

- 18.6** How many days per week do you do these vigorous activities for at least 10 minutes at a time?

(181-182)

___ ___ Days per week

- 7 7 Don't know / Not sure **[Go to next section]**
- 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time **[Go to next section]**
- 9 9 Refused **[Go to next section]**

- 18.7** On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(183-185)

__:__ Hours and minutes per day

- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Section 19:

Veteran's Status

The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit.

19.1 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

(186)

- | | | |
|---|-----------------------|-----------------------------|
| 1 | Yes | |
| 2 | No | [Go to next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

19.2 Which of the following best describes your service in the United States military?

(187)

Please read:

- 1 Currently on active duty **[Go to next section]**
- 2 Currently in a National Guard or Reserve unit
[Go to next section]
- 3 Retired from military service
- 4 Medically discharged from military service
- 5 Discharged from military service

Do not read:

- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

19.3 In the last 12 months have you received some or all of your health care from VA facilities?

(188)

If "yes" probe for "all" or "some" of the health care.

- 1 Yes, all of my health care
- 2 Yes, some of my health care
- 3 No, no VA health care received
- 7 Don't know / Not sure
- 9 Refused

Section 20:

HIV / AIDS

If respondent is 65 years old or older, go to next section.

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.

20.1 A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby.

(189)

- 1 True
- 2 False
- 7 Don't know / Not Sure
- 9 Refused

20.2 There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (190)

- 1 True
- 2 False
- 7 Don't know / Not Sure
- 9 Refused

20.3 How important do you think it is for people to know their HIV status by getting tested? (191)

Please read:

Would you say?

- 1 Very important
- 2 Somewhat important
- Or**
- 3 Not at all important

Do not read:

- 8 Depends on risk
- 7 Don't know / Not sure
- 9 Refused

20.4 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (192)

[Include saliva tests]

- 1 Yes
- 2 No **[Go to Q20.8]**
- 7 Don't know / Not Sure **[Go to Q20.8]**
- 9 Refused **[Go to 20.8]**

20.5 Not including blood donations, in what month and year was your last HIV test?

[include saliva tests]

(193-198)

NOTE: If response is before January 1985, code "Don't know".

___ ___ / ___ ___ ___ ___ Code month and year
7 7 7 7 7 7 Don't know / Not sure
9 9 9 9 9 9 Refused

20.6 I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test? (199-200)

Please read:

___ ___ Reason code

- 01 It was required

- 02 Someone suggested you should be tested
- 03 You thought you may have gotten HIV through sex or drug use
- 04 You just wanted to find out whether you had HIV
- 05 You were worried that you could give HIV to someone
- 06 IF FEMALE: You were pregnant
- 07 It was done as a part of a routine medical check-up
- 08 Or you were tested for some other reason

Do not read:

- 77 Don't know / Not sure
- 99 Refused

- 20.7** Where did you have your last HIV test, at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else? (201-202)

- __ __ Facility code
- 01 Private doctor or HMO
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 In a jail or prison (or other correctional facility)
- 06 Home
- 07 Somewhere else
- 77 Don't know / Not sure
- 99 Refused

- 20.8** I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one. (203)

You have used intravenous drugs in the past year

You have been treated for a sexually transmitted or venereal disease in the past year

You have given or received money or drugs in exchange for sex in the past year

You had anal sex without a condom in the past year

Do any of these situations apply to you?

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

20.9 In the past 12 months has a doctor, nurse or other health professional talked to you about preventing sexually transmitted diseases through condom use?

(204)

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

OPTIONAL MODULES

Module 7:

Childhood Asthma

If "No children" to core Q14.6, go to next module

1. Earlier you said there was/were **[fill in number from core Q14.6]** child/children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma? / Has this child ever been diagnosed with asthma?

(259-260)

___	___	Number of children
8	8	None [Go to next module]
7	7	Don't know / Not sure [Go to next module]
9	9	Refused [Go to next module]

2. [Fill in (*Does this child/How many of these children*) from Q1] still have asthma? (261-262)

If only one child from Q1 and response is "Yes" to Q2 code '01'. If response is "No" code '88'.

___ ___ Number of children
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Module 11:

Tobacco Indicators

If "Yes" to core Q11.1, continue. Otherwise, go to Q6

Previously you said you have smoked cigarettes.

1. How old were you the first time you smoked a cigarette, even one or two puffs? (302-303)

___ ___ Code age in years
7 7 Don't know / Not sure
9 9 Refused

2. How old were you when you first started smoking cigarettes regularly?

(304-305)

___ ___ Code age in years
8 8 Never smoked regularly [Go to Q6]
7 7 Don't know/Not sure
9 9 Refused

If core Q11.2 is coded '9', go to Q6

If core Q11.2 is coded '3', continue, otherwise, go to Q4.

3. About how long has it been since you last smoked cigarettes regularly? (306-307)

Read only if necessary:

- 0 1 Within the past month (anytime less than 1 month ago) [Continue to Q4]
0 2 Within the past 3 months (1 month but less than 3 months ago) [Continue to Q4]
0 3 Within the past 6 months (3 months but less than 6 months ago) [Continue to Q4]
0 4 Within the past year (6 months but less than 1 year ago) [Continue to Q4]

- 0 5 Within the past 5 years (1 year but less than 5 years ago) **[Go to Q6]**
- 0 6 Within the past 10 years (5 years but less than 10 years ago) **[Go to Q6]**
- 0 7 10 or more years ago **[Go to Q6]**
- 7 7 Don't know / Not sure **[Go to Q6]**
- 9 9 Refused **[Go to Q6]**

4. In the past 12 months, have you seen a doctor, nurse or other health professional to get any kind of care for yourself?

(308)

- 1 Yes
- 2 No **[Go to Q6]**
- 7 Don't know / Not sure **[Go to Q6]**
- 9 Refused **[Go to Q6]**

5. In the past 12 months, has a doctor, nurse or other health professional advised you to quit smoking?

(309)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6. Which statement best describes the rules about smoking inside your home?

(310)

Please read:

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside the home

Or

- 4 There are no rules about smoking inside the home

Do not read:

- 7 Don't know / Not sure
- 9 Refused

If "employed" or "self-employed" to core Q14.8, continue. Otherwise, go to next module.

7. While working at your job, are you indoors most of the time?

(311)

- 1 Yes
- 2 No **[Go to next module]**
- 7 Don't Know / Not Sure **[Go to next module]**
- 9 Refused **[Go to next module]**

8. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?

(312)

For workers who visit clients, "place of work" means their base location

Please read:

- 1 Not allowed in any public areas
- 2 Allowed in some public areas
- 3 Allowed in all public areas

Or

- 4 No official policy

Do not read:

- 7 Don't know / Not sure
- 9 Refused

9. Which of the following best describes your place of work's official smoking policy for work areas?

(313)

Please read:

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas

Or

- 4 No official policy

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Module 13:

Arthritis

NOTE: Only asked to respondents with chronic joint symptoms or doctor diagnosed arthritis

{Core Q15.2=1 OR Core Q15.4=1}

Interviewer please read:

1. "Earlier you indicated that you had arthritis or joint symptoms." Thinking about your arthritis or joint symptoms, which of the following best describes you **TODAY**?

(322)

Please read :

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

Do not read:

- 7 Don't know / Not sure
- 9 Refused

2. Has a doctor or other health professional **EVER** suggested losing weight to help your arthritis or joint symptoms?

(323)

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

3. Has a doctor or other health professional **EVER** suggested physical activity or exercise to help your arthritis or joint symptoms?

(324)

NOTE: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

4. Have you **EVER** taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

(325)

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

State Added 6:

Osteoporosis

"The next few questions are about osteoporosis, a thinning of the bones which may cause them to break, especially later in life."

- RI6_1.** Has a doctor, nurse, or other health care professional ever discussed the risk of osteoporosis with you? (357)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

- RI6_2.** In the past 12 months, has a doctor, nurse, or other health care professional spoken to you about eating foods high in calcium? (358)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

{Ask only if 14.1>49 AND 14.16=2; all others go to next section}

- RI6_3.** Has a doctor, nurse, or other health care professional ever recommended you receive a bone mineral density test? (359)

- 1 Yes
- 2 No

- 7 Don't know / Not sure
- 9 Refused

State Added 7:

Own/Rent

RI7_1. Do you own or rent the house or apartment where you currently live? (360)

- 1 Own
- 2 Rent
- 7 Don't know/Not sure
- 9 Refused

State Added 8:

Household Moisture

RI8_1. During the past 12 months, has there been water or dampness in the apartment/house where you live caused by broken pipes, leaks, heavy rain, or floods? (361)

- 1 Yes **[Go to RI8_2]**
- 2 No **[Go to RI8_3]**
- 7 Don't know / Not sure **[Go to RI8_3]**
- 9 Refused **[Go to RI8_3]**

RI8_2. Has this happened more than once in the past 12 months? (362)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

RI8_3. Does the apartment/house where you live frequently have a mildew odor or musty smell? (363)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State Added 14:

Household Tobacco Exposure

RI14_1. Does anyone smoke regularly inside your house or apartment? (411)

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

State Added 9:

Quality of Life

"These next questions are about limitations you may have in your daily life."

[If yes to Q17.1 or yes to Q17.2 or yes to RI5_1 continue, otherwise, go to RI9_5]

Lead statements:

If yes to Q17.1 -- Earlier you said you were limited in some activities because of physical, mental or emotional problems,

If yes to Q17.2 --- Earlier you said you have a health problem that requires you to use special equipment.

If yes to QRI5_1 -- Earlier you said you had trouble learning, remembering, or concentrating due to a health problem.

RI9_1. What is your major impairment or health problem?

(364-365)

[Read Only if Necessary]

__ = Reason Code

- | | |
|----|--------------------------------------|
| 01 | Arthritis/rheumatism |
| 02 | Back or neck problem |
| 03 | Fractures, bone/joint injury |
| 04 | Walking problem |
| 05 | Lung/breathing problem |
| 06 | Hearing problem |
| 07 | Eye/vision problem |
| 08 | Heart problem |
| 09 | Stroke problem |
| 10 | Hypertension/high blood pressure |
| 11 | Diabetes |
| 12 | Cancer |
| 13 | Depression/anxiety/emotional problem |
| 14 | Other impairment/problem |
| 77 | Don't know / Not sure |
| 99 | Refused |

RI9_2. For how long have your activities been limited because of your major impairment or health problem? (366-368)

1_ _ Days
2_ _ Weeks
3_ _ Months
4_ _ Years
777 Don't know / Not Sure
999 Refused

RI9_3. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (369)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

RI9_4. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (370)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

{Ask RI9_5- of ALL}

RI9_5. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (371-372)

_ _ Number of days
88 = None
77 = Don't know / Not sure
99 = Refused

RI9_6. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (373-374)

_ _ Number of days
88 = None
77 = Don't know / Not sure
99 = Refused

RI9_7. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (375-376)

_ _ Number of days
88 = None
77 = Don't know / Not sure
99 = Refused

RI9_8. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (377-378)

_ _ Number of days

88 = None
77 = Don't know / Not sure
99 = Refused

RI9_9. During the past 30 days, for about how many days have you felt very healthy and full of energy? (379-380)

__ Number of days
88 = None
77 = Don't know / Not sure
99 = Refused

State Added 10:

Health Coverage and Access to Health Care

{IF 2.1 = 1, ask RI10_1}
{IF 2.1 = 2, 7, or 9, GO TO RI10_2}

Earlier you said you have health care coverage.

RI10_1. What type of health care coverage do you use to pay for most of your medical care? (381-382)

Is it coverage through:

PLEASE READ

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 Rite Care
- 07 The military, CHAMPUS or TriCare, or the VA
- 08 The Indian Health Service [or the Alaska Native Health Service]
- 09 Some other source

Do not read

- 88 one [GO TO RI10_3]
- 77 Don't know / Not sure
- 99 Refused

{IF RI10_1 = 88, GO TO RI10_3. ALL OTHERS GO TO NEXT SECTION}

RI10_2. Earlier you said you do not have health care coverage or weren't sure you had health care coverage. (383-384)

There are some types of coverage you may not have considered. Please tell me if you have any of the following:

Do you have coverage through:

PLEASE READ

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 Rite Care
- 07 The military, CHAMPUS or TriCare, or the VA
- 08 The Indian Health Service [or the Alaska Native Health Service]
- 09 Some other source
- Do not read**
- 88 None [GO TO RI10_3]
- 77 Don't know / Not sure
- 99 Refused

{If RI10_2 = 88, CONTINUE TO RI10_3. ALL OTHERS GO TO RI11_1}

RI10_3. What is the main reason you are without health care coverage? (385-386)

[READ ONLY IF NECESSARY]

- 01 Lost job or changed employers
- 02 Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change]
- 03 Became divorced or separated
- 04 Spouse or parent died
- 05 Became ineligible because of age or because left school
- 06 Employer doesn't offer or stopped offering coverage
- 07 Cut back to part time or became temporary employee
- 08 Benefits from employer or former employer ran out
- 09 Couldn't afford to pay the premiums
- 10 Insurance company refused coverage
- 11 Lost Medicaid or Medical Assistance eligibility
- 12 Other
- 77 Don't know / Not sure
- 99 Refused

State Added 11:

Health Care Utilization

RI11_1. About how long has it been since you last visited a doctor for a routine checkup? (387)

[A ROUTINE CHECKUP IS A GENERAL PHYSICAL EXAM, NOT AN EXAM FOR A SPECIFIC INJURY, ILLNESS, OR CONDITION]

[Read Only if Necessary]

- 1 Within the past year (anytime less than 1 year ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 8 Never
- 7 Don't know / Not sure

State Added 12:**Children's Health Care Coverage****(structure as in prior years)****{If Q14.6 = 88 or 99 go to next section}**

Earlier you said that there was/were **{Fill in response from Q14.6}** child/children in your household under the age of 18.

{If > 1 child in household, continue. If 14.6=1, go to RI12_2}

RI12_1. Of the children under age 18, what is the age of the child who had a birthday most recently ... (388-389)

{ALL go to RI12_3 from RI12_1}

-- Enter Child's age
 77 Don't Know
 99 Refused

RI12_2. What is the child's age? (390-391)

-- Enter Child's age
 77 Don't Know
 99 Refused

RI12_3. Is this child covered by any kind of health care plan, such as health insurance, prepaid plans such as HMOs (health maintenance organizations), or government plans such as Medicare, Medicaid, or Rite Care? (392)

1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

State Added 13:**Tobacco****{If Core 11.2 = 3 or 9 go to RI13_3}**

Previously you said you smoke cigarettes.

RI13_1. Have you smoked during the last 30 days? (393)

- 1 Yes
- 2 No **[Go to RI13_3]**
- 7 Don't know / Not sure **[Go to RI13_3]**
- 9 Refused **[Go to RI13_3]**

RI13_2. On the average, when you smoked during the last 30 days, about how many cigarettes did you smoke a day? (394-395)

- Number of cigarettes (**76 = 76 or more**)
- 77 Don't know / Not sure
- 99 Refused

The next few questions are about your exposure to other people's tobacco smoke.

RI13_3. Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke inside your house or apartment? (396-397)
[If respondent was exposed 1 hour or less, but more than none, enter 01]
[If respondent was not exposed at all, enter 98]

- Number of hours (96=96 or more)
- 98 Not exposed at all
- 97 Don't know / Not sure
- 99 Refused

RI13_4. Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke when you were at work? (398-399)
[If respondent was exposed 1 hour or less, but more than none, enter 01]
[If respondent was not exposed at all, enter 98]

- Number of hours (96=96 or more)
- 98 Not exposed at all
- 97 Don't know / Not sure
- 99 Refused

RI13_5. In the past 12 months, have you heard, read, or seen any anti-smoking information? (400)

- 1 Yes
- 2 No **[Go to RI13_7]**
- 7 Don't know / Not sure **[Go to RI13_7]**
- 9 Refused **[Go to RI13_7]**

RI13_6. Have you heard, read or seen anti-smoking information from any of these places –

a. from television? (401)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

b. from radio? (402)

- 1 Yes
- 2 No
- 7 Don't know / Not sure

9 Refused

c. from a billboard? (403)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

d. from a newspaper or magazine? (404)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

e. at work? (405)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

f. from a family member or friend (406)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

g. from a Telephone Quit-Line? (407)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

h. from the Internet? (408)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Now a few questions about whether or not smoking should be allowed in public places –

RI13_7. Concerning smoking in restaurants -- should it be allowed in all areas, should it be allowed only in certain areas, or not be allowed at all? (409)

- 1 Allowed in all areas
- 2 Allowed only in certain areas
- 3 Not allowed at all
- 7 Don't know / Not sure
- 9 Refused

RI13_8. Concerning smoking in in-door work areas – should it be allowed in all areas, allowed only in certain areas, or not be allowed at all. (410)

- 1 Allowed in all areas
- 2 Allowed only in certain areas
- 3 Not allowed at all
- 7 Don't know / Not sure
- 9 Refused

State Added 15:

Condom Use

{If respondent 50 years old or older, go to closing statement.}

The next questions are about your sexual behavior. By sex we mean oral, vaginal, or anal sex, but NOT masturbation. When we talk about condoms, we mean both male as well as female condoms. Please remember that your answers are strictly confidential and that you don't have to answer a question if you don't want to.

RI15_1. During the past 12 months, with how many people have you had sexual intercourse? (412-413)

- Enter Number (**76=76 or more**)
- 88 None (**skip to lang1**)
- 77 Don't know / Not sure
- 99 Refused

RI15_2. Was a condom used the last time you had sexual intercourse? (414)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State Added:

Language Indicator

Lang1. **[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]:**
In what language was this interview completed? (596-597)

- 1 English
- 2 Spanish

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.